

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Best Available Con

SEARCHING DATE

APPLICANT(S)

09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			X	X		
3						
4						
5						
6						
7						
8						
9						
10			X	X		
11						
12	X		X	X		
13			X	X		
14						
15			X	X		
16						
17			X	X		
18	X					
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50						
TOTAL IND.	4		3			
TOTAL DEP.	26	↔	21	↔		↔
TOTAL CLAIMS	30		24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS